843- 475-970 7 (Telephone Number)

Reguest to change manne on Order before a Cert file the original with: Mail or fax a copy to: Public Service Commission of South Carolina S.C. Office of Regulatory Staff Clerk's Office **Transportation Department Motor Carrier Matters** 1401 Main Street, Suite 900 RECEIVE P.O. Box 11649 Columbia, S.C. 29201 Columbia, S.C. 29211 (803) 737-0578 (803) \$96 - 5100 FAX (803) 737-0815 NOV 1 6 2011 FAX (803) 896-5199 DATE: //- /5- 20// 2011-370-T order I have the following Certificate: Class C Taxi # ____ Class C Charter # ____ Class C Charter Bus #____ Class C Non-Emergency # Please consider this as my request for the following amendment(s) to my Certificate: Name Change herex Laran Giren DBA: Blue moon Trans Roctation (Current Name) (Current DBA if applicable) La Keya Jeacs and Kerry Gram DBA: Blue Plan Transfortation (New Name) (New DBA if applicable) Scope of Authority To;__ From: (Current Scope) (New Scope) Passenger Limit From: To: (Current Limit Number) (New Limit Number) Laker Jones & Kerey Green 4154-B DAVBON Rd Name & DBA if DBA is applicable) (Street and/or Malling Address) BIVE MOON Transportation RAWALL SC 29970 (City, State, Zip Code)

Revised 3-2-10

(Title) Owner, President, etc.